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PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035  
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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

|                        |                  |
|------------------------|------------------|
| Application Number     | 10/728,100       |
| Filing Date            | 12/04/2003       |
| First Named Inventor   | Heasley, John M. |
| Art Unit               | 3732             |
| Examiner Name          |                  |
| Attorney Docket Number | 6656320/23030    |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 26386

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

the applicant has not paid one or more bills within a reasonable period of time.

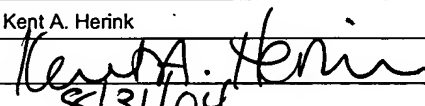
The reasons for this request are:

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2. ☒ Change the correspondence address and direct all future correspondence to:

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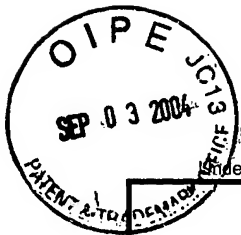
OR

|   |   |       |    |                  |              |
|---|---|-------|----|------------------|--------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | John M. Heasley   |       |    |                  |              |
| Address   | 1614 Cover Street   |       |    |                  |              |
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| Telephone   | 319-354-3042  |       |    | Fax              | 319-338-6605 |
| Name  | Kent A. Herink  |       |    |                  |              |
| Signature   |  |       |    | Registration No. | 31,025       |
| Date  | 8/31/04   |       |    | Telephone No.    | 515-288-2500 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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|   |                      |                        |               |
|---|----------------------|------------------------|---------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/728,100             |               |
|   | Filing Date          | 12/04/2003             |               |
|   | First Named Inventor | Heasley, John          |               |
|   | Art Unit             | 3732                   |               |
|   | Examiner Name        | unknown                |               |
| Total Number of Pages in This Submission  | 2                    | Attorney Docket Number | 6656320/23030 |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input checked="" type="checkbox"/> Request for Withdrawal as Attorney or<br>Agent and change of correspondence<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication<br>to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br><br>Return Postcard |
| Remarks  |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                |
|--|----------------|
| Firm<br>or<br>Individual name              | Kent A. Herink |
| Signature                                  |                |
| Date                                       | 8/31/04        |

| CERTIFICATE OF TRANSMISSION/MAILING   |                    |      |         |
|---|--------------------|------|---------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                    |      |         |
| Typed or printed name   | Jeri D. Krutsinger |      |         |
| Signature   |                    | Date | 8-31-04 |

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